

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90228 003 \*\*\*158.75

**DOCUMENT # : P32845**

1. Entity Name  
**TEMPLETON CAPITAL ACCUMULATOR FUND, INC.**

Principal Place of Business  
**500 E. BROWARD BLVD.**  
**SUITE 2100**  
**FT. LAUDERDALE FL 33394**

Mailing Address  
**500 E. BROWARD BLVD.**  
**SUITE 2100**  
**FT. LAUDERDALE FL 33394**

040040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 1200**

Suite, Apt. #, etc.  
**Suite 1200**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3040143**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBER, LORI A**  
**500 E. BROWARD BLVD.**  
**STE. 2100**  
**FT. LAUDERDALE FL 33394**

Name

Street Address (P.O. Box Number is Not Acceptable)

**Suite 1200**

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**MOTYL, GARY P** ☐ Delete  
**500 E. BROWARD BLVD.**  
**FT. LAUDERDALE FL 33394-3091**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T**  
**ROSENGERG, BRUCE S** ☐ Delete  
**500 E. BROWARD BLVD.**  
**FT. LAUDERDALE FL 33394**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**ASHTON, HARRIS J** ☐ Delete  
**191 CLAPBOARD RIDGE**  
**GREENWICH CT 06830**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**500 East Broward Blvd., Suite 1200**  
**Ft. Lauderdale, FL 33394-3091**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AT**  
**DEBELLIS, KAREN P** ☐ Delete  
**100 FOUNTAIN PARKWAY**  
**ST. PETERSBURG FL 33716**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AT**  
**SIMS, CHARLES R** ☐ Delete  
**1810 GATEWAY DRIVE**  
**SAN MATEO CA 94404**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**AT**  
**SIMS, CHARLES R.**  
**ONE FRANKLIN PARKWAY**  
**SAN MATEO, CA 94403-1906**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**JOHNSON, CHARLES E** ☐ Delete  
**777 MARINERS ISLAND BLVD.**  
**SAN MATEO CA 94404-1585**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**V/D**  
**JOHNSON, CHARLES E.**  
**ONE FRANKLIN PARKWAY**  
**SAN MATEO, CA 94403-1906**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lori A. Weber* **REQUIRED** **LORI A. Weber**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/02 (954) 847-2283**

CR2E034 (9/01)